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PTC/SB/17 (12-04)
Approved for use through 07/31/2006, OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 1208/2004. es pursuent to the Consolidated Appropriations Act. 2005 (M.R. 4818). FEE TRANSMITTAL For FY 2005		escond to a collection of information unless it displays a valid OMR control number			
		Complete if Known			
		Application Number	10/679,232		
		Filing Date	10/03/2003		
		First Named Inventor	Knut H. Henriksen		
Applicant claims small entity status. See 37 CFR 1.27 TAL AMOUNT OF PAYMENT (\$) 600		Examiner Name	William P. Neuder		
		Art Unit	3539 D5407-214		
		Attorney Docket No.			
THOD OF PAYMENT (chec	k all that apply)		·		
Check Credit Card	Money Order Nor	ne Other (please id	entify):		

METHOD OF PAYMEN	METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-0429 Deposit Account Name: Baker Hughes Incorporated								
For the above-iden	tified deposit	account, the Dire	ctor is hereb	y authorized to	: (check all th	at apply)		
✓ Charge fee(s	s) indicated b	elow		Charr	e fee(s) Indic	ated below, except	for the fi	lina fee
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information and authorization	n on PTO-2038	}.		100011 0110010 11	At he ministers	on the form. Provid	e cientre	ng.
FEE CALCULATION								
1. BASIC FILING, SEA					•			
	FILING	FEES Small Entity	SEARCH	H FEES Small Entity		TION FEES		
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u> ≥	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pa	ld (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80 _		
Reissue	300	150	500	250	600	300 -		
Provisional	200	100	0	0	0	0 -		
2. EXCESS CLAIM FEI	ES							mail Entity
Fee Description Each claim over 20 or. fe	or Reissues	each claim ov	er 20 and m	ore than in t	he original n	natent	Fee (\$)	Fee (\$) 25
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100								
Multiple dependent clair	ms	•	•		*** *	, , , , , , , , , , , , , , , , , , ,	360	180
<u>Total Claims</u> 20 - 20 or HP =	Extra Claim		Fee Pal	<u>a (\$)</u>		pendent Claims		
HP = highest number of total		_ x <u>-</u>	-		<u>Fee (\$)</u>	Fee Paid	<u>(\$)</u>	
Indep. Claims	Extra Claim	19 <u>Fee (\$)</u>	Fee Pair	d (\$)			_	
HP = highest number of indep	pendent claims	_^ ====	_*					
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other:								

Odioi.		
SUBMITTED BY		
Signature () () ()	Registration No. (Attorney/Agent) 42,851	Telephone 713.402.3917
Name (Print/Type) Sary R. Maze		Date 06/03/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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